



State of Washington
DEPARTMENT OF GENERAL ADMINISTRATION

Office of State Procurement

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Solicitation Amendment

WR Reference #: 19022
Title: Contract 32206/DOH
Amendment number: 1
Date issued: June 28th, 2007

The above referenced solicitation is amended as follows:

Purpose: To clarify and expand specific areas of research included in the statement of work.
Amendment need not be submitted with bid/quote. All other Terms, Conditions, and Specifications remain unchanged.

Attachments: Purpose:
Conduct an evidence-based review and provide a report to the Department of Health, which identifies the circumstances ~~and makes recommendations when~~ under which adult elective percutaneous coronary interventions should be allowed in Washington at hospitals that do not otherwise provide on-site cardiac surgery. The department will consider the results of the review and information in the report when developing rules for the issuance of a certificate of need to hospitals to provide elective percutaneous coronary interventions without on-site cardiac surgery.

Statement of Work:

The report shall include evidence based RECOMMENDATIONS that address:

- Types of procedures:
 - Identify the types of percutaneous coronary interventions that should be included in the review standards. Use Diagnostic Related Groups (DRGs) when possible to identify procedures.
- Patient Safety:
 - Minimum volume standards for cardiologists.
 - Include recommendation for differing standards based on experience of individual cardiologists, if appropriate.
 - Include recommendation whether volume standards for cardiologists may be attained at multiple hospitals.
 - Minimum credentialing requirements for cardiologists.

- Minimum levels of other specialty staff and credentialing requirements.
 - Minimum level of ancillary support services within the community or other local hospitals. (Examples: transfer agreement to hospitals with cardiac surgery, access to and agreements with emergency transportation providers, certification or credentialed status and skill level of emergency medical transportation providers.)
 - Maximum transport times based on clinical outcomes to a heart surgery hospital site, including door to dilation time, cath lab to heart surgery operating suite, and weather and traffic conditions.
 - Identify if there are specific patient exclusion criteria that should apply to hospitals that do not provide on-site cardiac surgery for projections of volume standards.
 - Optimization of clinical performance
 - Minimum volume standards for interventional programs
 - Identify minimum volume standards required to ensure quality. If evidence supports that a different volume standard for rural vs urban facilities is necessary to improve access, then the recommendation must document that overall quality and increased risk is off-set by the improved access.
 - Optimum volumes for interventional programs.
 - Identify optimum volume standards. If evidence supports that a different volume standard for rural vs urban facilities is necessary to improve access, then the recommendation must document that overall quality and increased risk is off-set by the improved access.
 - Risk adjusted patient outcome standards.
 - Identify minimum cardiologist staffing requirements and cardiologist credentialing for new programs.
 - Identify minimum volume standards. If evidence supports that a different volume standard for rural vs urban facilities is necessary to improve access, then the recommendation must document that overall quality and increased risk is off-set by the improved access.
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- If recommendations for this section differ from those identified under the patient safety section, the basis for those variances need to be identified.
 - Sustainability of existing and new programs
 - Identify allowable impacts to existing programs.
 - Identify recommendation for allowable impacts to programs that are performing at identified optimal volumes If optimal volumes are supported in the evidence-based review, identify recommendation for allowable impacts to the programs performing at the volumes identified.
 - What are the standards that must be maintained at the University of Washington's training program of cardiologists or other medical profession staff associated with their cardiac program?
 - Timeline when new programs should be meeting the minimum identified volume standards.
 - What is the relationship between a hospital's ability to perform elective interventions and its ability to sustain primary interventional programs in their community?
 - Cost and Financial Feasibility
 - What quantifiable increase or decrease in the cost of interventional procedures may result because of approving new interventional programs in communities. (Include analysis of impact differences in rural vs urban communities identify all assumptions supporting allocated costs, for example transfer agreements with hospitals that must maintain on-site heart surgery back-up, duplication of diagnostic cath procedures.)
 - What are the cost impacts of the current system where providers without on-site cardiac surgery can provide diagnostic and emergency services but not elective (e.g. duplicative procedures, dual hospital admissions, ambulance transfers, travel costs, etc.)
 - Minimum operating volumes for a program to maintain financial viability. If the minimum volumes are different than those identified in earlier sections, the basis for those variations needs to be identified.
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- Identify impact of changes in Medicare and Medicaid reimbursement on the financial feasibility of new and existing programs.
- Types of procedures:
 - Identify the types of percutaneous coronary interventions considered in meeting the procedure volume standards. If there are variations between types of interventions and cardiologists and facility volumes, the bases for those variations need to be identified.

Deliverables:

The contractor will provide the department with a report that address each of the identified areas in the statement of work.

The contractor will provide the department with copies of published studies reviewed for developing the recommendations in the report.

The contractor will grade and provide the department with the basis for grading the published studies reviewed and the relevance to developing the recommendations in the report.

The contractor will provide the department with copies of all survey data collected for developing the recommendations in the report.

The contractor will provide the department with copies of all statistical evaluations produced for developing the recommendations in the report.

The contractor will provide summary evidence based tables supporting all recommendations.

The contractor will make an onsite presentation of findings to department management.

The contractor will make an onsite presentation of findings at an open public meeting in Washington State.

General Approach:

Systematically search, review and analyze the relevant evidence for each of the areas identified in the statement of work.

The evaluation of the quality of the evidence base or grading of reports should be modeled to meet the standards proposed by the U.S. Preventive Services Task Force or similar quantitative evaluation approach.

When considering volume standards and other quality measures for rural and underserved areas, the reviewer should evaluate other potential models for providing elective and emergency interventional services in rural communities while still ensuring quality outcomes